

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19851

State File No. _____

Registrar's No. **5905**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

FILED JUL 8 1943 313

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 14 days**
(Specify whether
In this community _____ **Unknown**
years, months or days)

3. (a) PRINT FULL NAME **Rance Merrill**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 25, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 17 hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Shirley M. Smith**

(b) Address **2601 N. Whittier**

17. (a) **Interment Book** (b) Date hereof **6-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. R. Knight**

(b) Address **3500 Rutledge**

19. (a) **JUN 28 1943** (b) **J. F. Brunk**
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**, year **1943** hour **8** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **April 28, 1943** to **June 11, 1943**; that I last saw him alive on **June 11, 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Ca. of Penis** Duration **Unk.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. K. Fleck** (M. D. or other) _____

Address **2601 Whittier** Date signed **6/12/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.